# uneral director. hth: Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after d may be retained by the haspital ar ottending physician. • FUNERAL DIT (18.2) After this certificate has been signed by the attending physician and campletely filted in by page 3 should (19.4) Hoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, crematian, ar removal, and in any event within 72 hours, efter death. TO FUNERAL DII TO HOSPITAL OR

VS A15 (4) 15M 9/55

			73 CEL	IIIICA	IE OF DEAT	П	R	eg. Dist. No.	
1,	PLACE OF DEATH a. COUNTY	TAIbot	M	ARYLAND	2. USUAL RESIDENCE (M	Where deceased in	b. COUNTY	Residence before	odmission)
	b. CITY OR TOWN ( RURAL and give n	If outside corporate limits, we earest fawn)  EAS to	1 12	AY IN 1b	c. CITY OR TOWN (IF	adiside corporate	limits, write RURA	L and give neare	st town)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give :	A HOS PI	tal	d. STREET ADDRESS	mond	Rd.		IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Winfield	L S	ldle C	Beall	4. DATE OF DEATH	Month /	Day 2- (	Yeor 1959
	SEX	WII WII		CED []	MAY 4.18	884	17 4 yes.	UNDER 1 YEAR IF	
	during most of wor	ON (Give kind af work dane king life, even if retired)	10b. KIND OF BUSINES	S OR INDUSTR	11. BIRTHPLACE (STOR	or foreign count	ry)	12. CITIZEN OF	WHAT COUNTRY
	JOHN	Beall			14. MOTHER'S MAIDEN	NAME Pe	RRY		
		R IN U. S. ARMED FORCES! (If yes, give war or dates of service		NO. 17. INF	ORMANT /		Address		
		ATH (Enter only and cause ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	project (a). (a). and	Jai	leve			INTERV	AND DEATH
	Conditions, if o		alafile	oone	tu al	work	12		
7	lying cause lost.	the <u>under-</u> DUE TO (c)	0	N. C.					
CERTIFICATION		HER SIGNIFICANT CONDITION							WAS AUTOPSY PERFORMED? ES NO
		MEDICAL EXAMINER)	DESCRIBE HOW INJURY				of item 18.)		
MEDICAL	20c, TIME OF INJUR Hour o. m. p. m.	v v	Od. INJURY OCCURRED While Not while I work Ot work	20e. PLACI foctor	OF INJURY (Home, fari y, street, office bldg., et	m, 20f. (City or	town)	(County)	(Slote)
	21. I certify the	of it oftended the dec	eased from a	at death a	, 19, to	M. fram th	ne causes and		
	ACTUAL SIGNATURE	elfor	wet		21951		city or town, store		DATE SIGNED
	PHYSICIAN'S NAME (Type)	E.C.H.	Schmia	14	Essi	1017 9	6,14	יבאניביו	d
K	BURIAL CREMATIO	1/29/50	22c, NAME OF CI	METERY OR C	REMATORY	22d LOCATION	(City, town, or co	ounty) –	Mel Mel
13	FUNERAL DIRECTOR	S SIGNATURE VILLEY	-Carst Les	U Ma	11/20/	D BY REGISTRAR		8. Kraus	

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# CERTIFICATE OF DEATH

1150 Reg. Dist. No..... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECKASED COUNTY MARYLAND COUNTY (If outside corporete limits, write RURAL LENGTH OF STAY (If outside corporate fimits, write RURAL and give negrest lown) endigive geerest town) (in this place) OR TOWN TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR **ADDRESS** STREET ADDRESS 3. NAME OF (First) Middle (Dey) (Lost) 4. DATE (Month) (Yeer) DECEASED OF (Type or Print) COLOR OR SINGLE, MARRIED DATE OF BIRTH 9. AGE lest birthday IF UNDER I YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, RACE Months Days Hours (Specify) yes. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT OR INDUSTRY done during most of working life, even # COUNTRY? house Laner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yas, no, or unk.) (If Yes, give wer or detes of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, & ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING all un elle mi TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES | NO 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while et work at work 22. I hereby certify that I attended the deceased from...... 19 52 to 64 124 the last saw the deceased alive on 25/14. 19.52. and that death occurred at 17/52. A.M., from the causes and on the date stated above. SIGNATURE ADDRESS (Street, city, town, stata) DATE SIGNED accestes 1-4510N 1/436 M.D. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, fown, or county) (Stele) REMOVAL (SPECIFY) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE AN 2 9 150

\*\*\*\* MANY LAND STATE DIPARTMENT OF HIGH PIACEHARDER TO CERTIFICATE OF DEATH Side of the same TATE OF STADISTICAL SICAMINER'S CERTIFICATE OF STATIS

PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate couse (a), stoting the underlying cause lost. 200. ACCIDENT WAS UNDERLYING OF CONFRONTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

20e. PLACE OF INJURY (Home, farm, 20f. (City or town)

(Stole)

Doy, Year 20d. INJURY OCCURRED Hour a. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from

foctory, street, office bldg., etc.)

(County)

4. that I last saw the deceased

ACTUAL

and that death occurred at

22d LOCATION (City, lown, or county)

(Stote)

220. BURIAL, CREMATION, 225. DATE THEREOF REMOVAL (Specify)

20c. TIME OF INJURY Month.

22c. NAME OF CEMETERY OR CREMATORY

Easton

PHYSICIAN'S NAME (Type)

DATE

24b. REGISTRAR'S SIGNATURE

1-M, fram the causes and on the date stated above.

may be retained TO FUNERAL DIRE

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5. SEX

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DECEASED (Type or print)

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13. FATHER'S NAME

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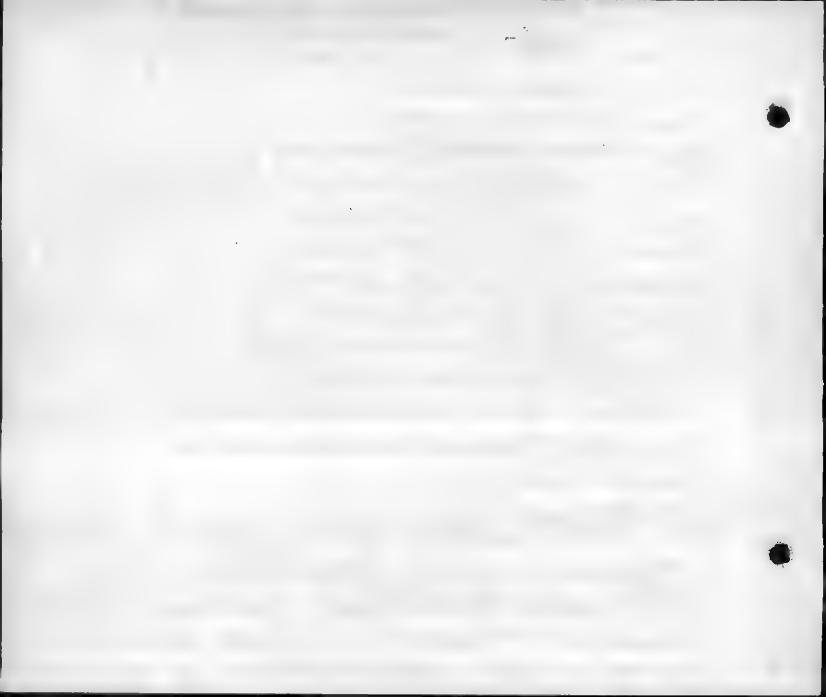
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital or ottending physician.

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be the school for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shithmregistrar prior to burial, commotion, an remayal, and in any event within 72 moum after demith.

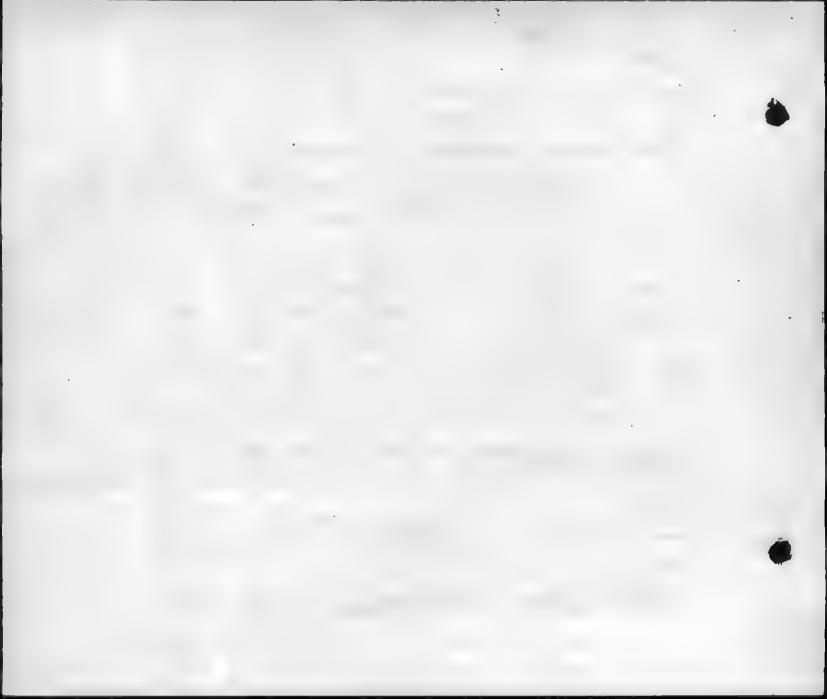
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L	ALG1	CERTIFICA	TIE OF DEATH	1	Reg. Dist	No.
1.	PLACE OF DEATH.  COUNTY Jacket	MARYLAND	2 USUAL RESIDENCE (WHO O. STATE)		If institution. Residence. COUNTY	before admission)
	RURAL and give Morest town	TH OF STAY IN 16	c. CITY OF JOWN 1160	utsida carporate lim	rts, write RURAL and gr	ve nearest lawn)
	d NAME OF HOSPITAL (If not in hospital, give street address), OR INSTITUTION  Death did not occur in a	nstitutio n	d. STREET ADDRESS	ville 1	if	e. IS RESIDENCE ON A FARM? YES NO 2
3.	NAME OF DECEASED (Type or print) James Will	Middle	Davis	4. DATE OF DEATH	Jan	Pay Year 1959
S.	SEX 6. COLOR OR RACE 7. MARRIED [] NI WIDOWED	DIVORCED	Mich 3 189	7/AGE	61.61	YEAR IF UNDER 24 MRS
10	do. USUAL OCCUPATION (Give kind of work done during frost of working life; even if retired)	Suspiness OR INDUS	TRY 11 BIRTHELACE (SION	ar foreign country)	ufor 12. CITIZ	EN OF WHAT COUNTRY
13	FATHER'S NAME TRANSF Vierois		14. MOTHER'S MAIDEN N	AME 1	cic	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL'SI	CURITY NO. 17. b	WITH La	vis	Addrew	lu l
	PART I. DEATH WAS CAUSED BY:    PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)	(b), and (c).]	DIAL IN	FARETI	on.	INTERVAL BETWEEN DISET AND DEATH
	Canditions, if any, which gove rise to immediate case (a), storing the under	ONCLER	oric HEAD	८५ या	5549E	3415.
	lying cause last. (c)					
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PART	PERFORMED?
L CERTIF	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	V INJURY OCCURRED	Enter nature of injury in F	art f or Part II of it	em 18.)	
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OC While Not of work of work of work	while foc	ACE OF INJURY (Home, form, lary, street, affice bldg., etc.	20f. (City or town)	n) (Ca	unty) (State)
	21. I certify that I attended the deceased from alive on 1957	and that death	occurred at 7:00		, 19-5 , that I la	st saw the deceased date stated above
	ACTUAL SIGNATURE	1	w.D	ADDRESS (Street, cit	y ar town, state)	DATE SIGNED
	PHYSICIAN'S SIFEPARD KK	ECI+ III	EAS	TUN	Mary!	aug.
Ľ	REMOVAL (Specify) June 10, 58 14	ME OF CEMETERY OF	CREMATORY	2d. 10 WION (C	ity, town, ar county)	(Sphre)
23	FUNERAL DIRECTOR'S SIGNATURE	RESS.	DATE	BY REGISTRAR	246 REGISTRAR'S SIGN	



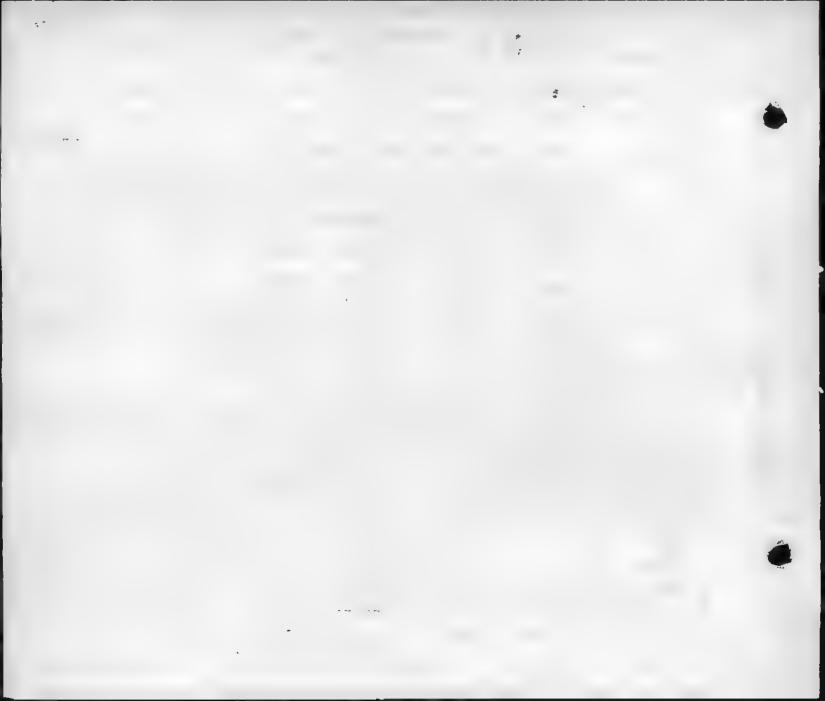
VS A15 (4) 15M 9/55

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ARYLAND	STATE DEPARTM	ENT OF HEALTH—BALTIMORE	, 18
1128	CERTIFICA	ATE OF DEATH	Re
	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institute of STATE MARY IC MARY	
orote limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If patride corporate limits, write	te RURA

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			140				•		Reg. Dist.	No.	
1.	PLACE OF DEATH					2. USUAL RESIDENCE (W	here deceased	lived. If Instituti	on: Residence	before admir	nion)
	COUNTY TOTAL	201		MARY	LAND	a. STATE MAG	ulen	b. COUNTY	2 1101	en A	nuo
	LITY OR TOWN (IF		limits, writ	e LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpor	ate limits, write R			(n)
	RURAL and give ne	25ton		101	2.	21101	we 7	F- (1.13-	100		
_	d. NAME OF HOSPITA	AL (If not in haspit	al, give str	eet address)	ω	d. STREET ADDRESS	- 115/	<u>e os n</u>		e. 15 RE	SIDENCE
	OR INSTITUTION	7 Hr . w . f	1	accental						I ON A	NO A
2	NAME OF	- m c p lo	First	443pirai	_	<u> </u>	1. 0.00				
	DECEASED (Type or print)	Ra	Loh	Middle		Dutcher	4 DATE OF DEATH	Janu	ary T	Day	19 59
5.	SEX	6. COLOR OR RA	ICE 7. M	ARRIED 🔯 NEVER MARRI	ED 🔲	8. DATE OF BIRTH	1	9. AGE (In years last birthday)	IF UNBER TY		ER 24 HRS.
	m	w	WIDO	OWED DIVORCE	0 🗆	June 21	889	19 yrs.	Months Do	bys Hours	Min.
10c	. USUAL OCCUPATIO	N (Give kind of w	ork dane 1	06 KIND OF BUSINESS C	RINDU	STRY 11 BIRTHPLACE (Stote	or foreign co	untry)	12. CITIZE	N OF WHA	T COUNTRY
	during most of worki	of to O	tired)			Kansa.	~		2,	100	
13.	FATHER'S NAME	C1 67		·		14 MOTHER'S MAIDEN				3.67.	
	Bu. D.	- 4	7) -	talas		T/ I	D	//			
15	WAS DECEASED EVER	IN II S ARMED	FORCES?	16. SOCIAL SECURITY NO	17 1	NFORMANT	1)1	(J.S.C./ Add			
	no or unknown[ [1	yes, give wor or date	m of service)		_			700	16.02		
				unknown		ospital Rec	cords				
		•		r line for (a), (b), and (c)	1, -	1 1 .	0.11	1//	0	INTERVAL B	ETWEEN
	PART I, DEAT	H WAS CAUSED IMMEDIATE CAUS	BY. SE (a)	Clrebia.	K 10	une basen -	uft	airen. pl	Lysha	1800	iya
	332×	DU	E TO	1		1 0				4	/
	Conditions, if an	y, which )	(b)	Cerebral	a	the cos clevos	4-4				
	gave rise to in		E TO								
	couse (o), stating to	ne under-	(c)								
Z	PART II OTH	ER SIGNIFICANZO		NS CONTRIBUTING TO DE	ATH, BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 10	(a) 19. WAS	AUTOPSY
NOL		(4)	KNEW 1	a alleron	-77.	4				PERFO	DRIMED?
FEC	20g ACCIDENT WAS	LINDERLYING C	1 20h [	The state of the s		D. (Enter nature of injury in	Part I or Part	II of item 1R1		11:3	I WO L
CERTIF	20a ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DE	ATH	THE THE THE THE CAN C	CCORNE	D. (ERIEL INCIDITE OF INJUSY IN	roll for role	17 01 116111 10.1			
					100 0						
MEDICAL	20c. TIME OF INJURY Hour o. m.		W	INJURY OCCURRED  illa Not while	Zue Pt	ACE OF INJURY (Home, for ctory, street, office bldg., etc	n, i 20f. (City : c.) !	or town)	(Cau	nty)	(Stote)
ME	p. m.			work at work	0						
	21. I certify the	at I otterided	the dece	eased from 20	Mec	19 5 % ta	7 /2	195	Zthat I las	st saw the	decease
	olive on	7/20	. 19	9/5 9 and that	death	occurred of 3:35	P. from	the couses of	·		
		1)////	//	7				ed, city or lower,			ATE SIGNED
	ACTUAL SIGNATURE	Weers /un	Add	uci un_		us Carl	En d	/. //.	end	2/2	59
	SIGNATORE	_		. /		M.D		/			<i></i> f
	PHYSICIAN'S NAME (Type)	HU1257	115	HARRISON				/		0	
220	BURIAL, CREMATION	L 22b. DATE THE	FREOF	22c NAME OF CEM	ETERY O		204 1004	ON (City, town,			
	PEMOVAL (Specify)	1/9/5	9	ET 1.	OLA	MAUSULEUN	10	UCE GEO	PRGIE'S	Co. (510)	YD.
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	-		D BY REGISTR		STRAR'S SIGN	ATURE	
	the f	7. 7/hs	ree E	& 29CY-14	21	DATE	JAN 9	52	100 C P	Nice and	
				140	rat	V 6.					



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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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	1129 CERTIFICA	ATE OF DEATH Reg. Dist. No.
)	1. PLACE OF DEATH TAIL OF MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE  ARAGA  B. COUNTY  TAID  T
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FASTON 42 hr.	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)
	or Institution // Em & RIA / HOSp. +A/	R. F. STREET ADDRESS R. F. F. F. Bry 106 A  1. 15 RESIDENCE ON A FARM? YES NO D
	3 NAME OF DECEASED (Type or print) OUS/C A, (Middle	Dyoth Jan. 29 19.5
	Te W WIDOWED DIVORCED	MAR 20, 1893 (5 yes. IF UNDER 1 YEAR IF UNDER 24 HRS
	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if refired)  HOUSEWIFE  HOUSE WIFE	MARYLAND USA-
	13. FATHER'S NAME U. 11/14M DUVA-11	Ell A Collins
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 IN (Yes no or unknown) (If yes, give nor or dotes of service) UKW.	TAMES T. DYOTT EASTON ROMO
	18 CAUSE OF DEATH [Enter only one couse perfline for (o), (b), and (c) ]  PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Concelled for all	rela real fold - Interval Between ONSET AND DEATH
	Canditions, if any, which ) the Magazer of all	l anfores
	gove rise to immediate cause (a), stating the under:  lying couse lost.	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IT  200 ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING CONTRIBUTING COURRED OR CONTRIBUTING CONTRIBUTING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
		(Enter noture of injury in Part I or Part II of item 18 )
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLA Hour o. m. While Not while of work of york	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	21. I certify that I attended the deceded from a state of that death	accurred at 12.22 p.M., from the causes and an the date stated above.
	ACTUAL Oleffehming	ADDRESS (Street, city or town, store)  DATE SIGNED  AD 219 5 Wash 11-6 10-7 57 21 Jun 59
	PHYSICIAN'S E.C.H. Schmidt	Easton, 16, Maryland
	220 BUR AL CREMATION, 276. DATE THEREOF 220 NAME OF CEMETERY OR REMOVAL (Specify) 2/2/39 WOODLAWN	10 d
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. RECORY REGISTRAS 246. REGISTRAS'S SIGNASCRE
1	- HSTNU	

VS A15 (4) 15M 9/55



		11	30	CERTIFIC	ATE OF E	EATH	{		Reg. Dist. N	D.	
1.	PLACE OF DEATH COUNTY	ot		MARYLAND	a. STATE	ence (wh		If institutions b. COUNTY	Residence bef		ion)
Г	6. CITY OR TOWN (If our RURAL and give nears	utside corporate limits, s	write	c LENGTH OF STAY IN 16	c CITY OR 1	OWN (If o	utside corporate lir	nits, write RUR			)
L	East			5 vrs	Ea	ston.					
Г	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give	street a	idress) "	d STREET A	DDRESS				e. IS RESI	DENCE FARM?
L	412	Goldsbord	St		41	2 Gol	dsboro.				NO 4
3.	NAME OF DECEASED (Type or print)	Katie		Middle Colgan	Gib		4. DATE OF DEATH .T	Month	_		rear
-		COLOR OR RACE 7	ALA DOIG	D NEVER MARRIED	B. DATE OF BIRTH	100 100 100	00	anuary	UNDER 1 YEA		19 59
		Tallin of the co	IDOWED		May 2,	1881	له ملا		Months Doys	Hours	Min
10	lo USUAL OCCUPATION   during most of working	(Give kind of work don- life, even if retired)	el 10b. K	IND OF BUSINESS OR IND	USTRY 11. BIRTHPL	ACE (Stole	or foreign country)		12. CITIZEN		COUNTRY
	Housewor	1	I	lousewife		yland			U,	SA	
13	I. FATHER'S NAME				14 MOTHER'S	MAIDEN N	IAME				
L	Unkn					Unkr	nown				
15	WAS DECEASED EVER IN	N. U. S. ARMED FORCES es, give war or detect of service		OCIAL SECURITY NO. 17.	INFORMANT		43	L2 G81	dsbor	o St.	•
	unknown		22	20-01-6388	Mrs. Ja	ne Do	obson, Ea	aston,	_Mary	land	
	Canditions, if ony, gave rise to imm cause (o), stating the lying cause fast.	ediote Under. DUE TO		Osni Acli	holle D	<u>lean</u>	Klisti	rel	4	ISET AND	1
CERTIFICATION	PART II OTHER	SIGNIFICANT CONDIT	IONS CC	ONTRIBUTING TO DEATH BE	JT NOT RELATED TO	THE TERMI	NAL DISEASE CON	DITION GIVEN	I IN PART 1(a)	PERFO	RMED?
		CAUSE OF DEATH 1	b. DESCI	RIBE HOW INJURY OCCUR	RED (Enter nature o	f injury in P	art tor fort II of	item 18 )			
MFDsCAl	20c. TIME OF INJURY Hour o m.		20d. IN While of work	Not white	PLACE OF INJURY (S factory, street, affice	Home, form, bldg., etc.	20f. (City or lov	vn)	(County	-}	(State)
	21. 1 certify that alive on	attended the de	19.5		L 19 <u>07</u> th accurred at		M, fram the	causes and	that I last : d an the do		
	SIGNATURE	16100 211.10	FUI.	ey	_ M.D	13/2.1/2	7119010	2/.	<i>L</i>	43	- 4
	PHYSICIAN'S NAME (Type)	NALD F.	BA	ARTZEY M	· Þ.	EA	STON,	MD.			
2.	PO BURIAL, CREMATION, REMOVAL (Specify)	225 DATE THEREOF		22c. NAME OF CEMETERY	OR CREMATORY		22d LOCATION (	City, town, or i	county)	(State	e)
-	Burial	1/26/59		Oxford Cem	etery		Oxford	Mary	land		
33	FUNERAL DIRECTOR'S S	IGNATURE	>	ADDRESS			2 7 '59		PAR'S SIGNATI		

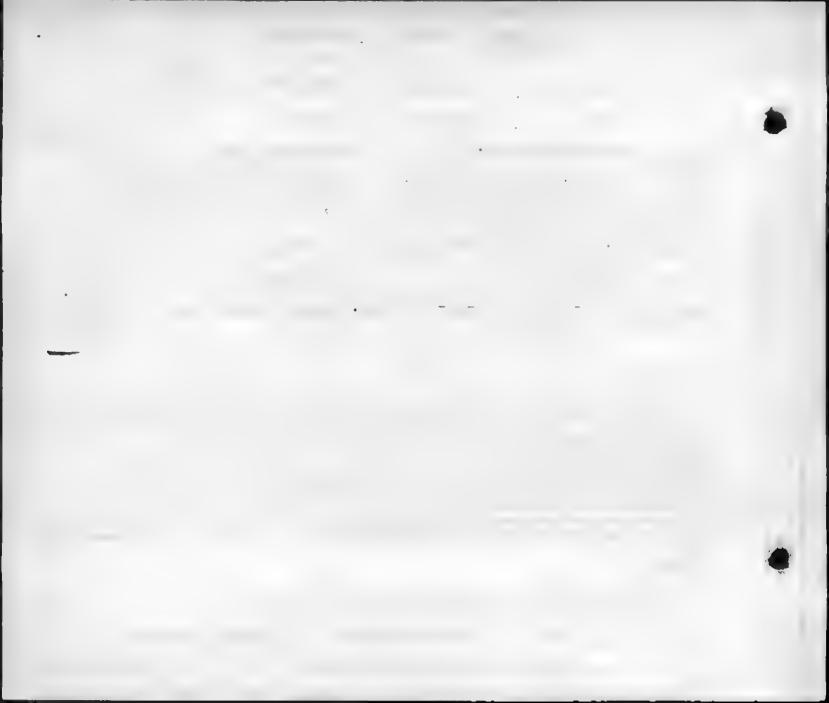
led with may be retained by the haspital or attending physician.

TO FUNERAL DIR? R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be retached for use as the burial-transit permit. Then please remaye carbon papers Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 houry-offer-death.

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K. P.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Leath. Page 4



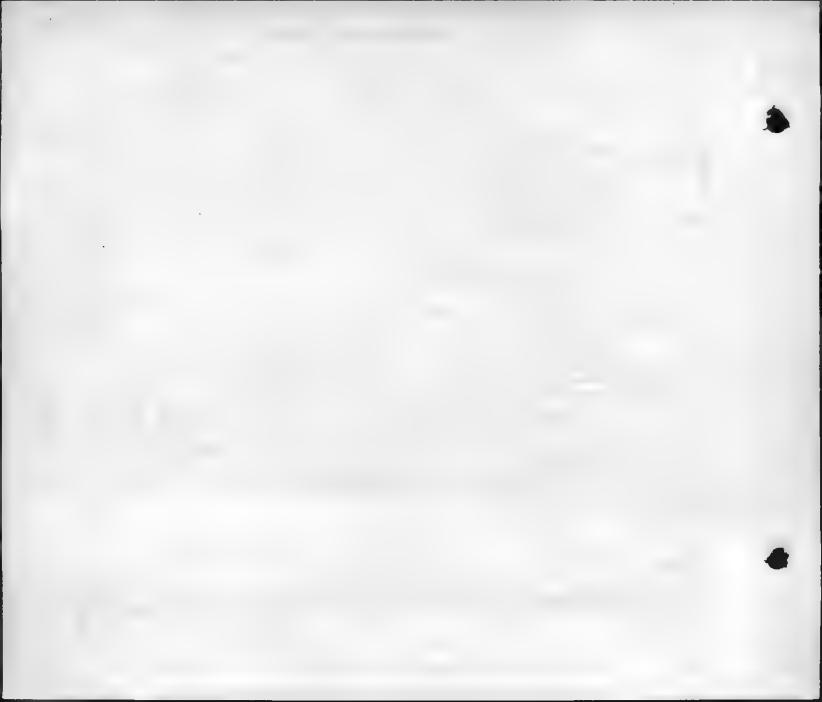
VS ATS (4) TSM 9/SS

ARYLAND	STATE	DEPARTME	NT OF	HEALTH-BALTIMORE,	18

113; CERTIFICATE OF DEATH

8 01135

2237	<u> </u>		Reg. Di	st. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where decease o. STATE		ce before admission)
Ial bal	MARYLAND	ma	b. COUNTY TO	/boT
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corps	prate fimits, write RURAL and (	give nearest town)
Saston	24 hrs	X Deguill	md,	
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	, d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Memocal_	HOSDITAL			YES NO NO
3. NAME OF TOTAL T	Middle	Lost 4. DATE	Month	Day Year
(Type or print) 1+elen		1-COOOCO DEATH	COUNTR	1 10 1959
S. SEX 6 COLOR OR RACE 7. MARR		B DATE OF BIRTH	P. AGE (In years IF UNDER Months	TYEAR IF UNDER 24 HRS.  Doys Hours Min
- WIDOWI		January 8, 190	5 5 ym.	
100 USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (State 6r fareign c	ountry) 12. CIT	IZEN OF WHAT COUNTRY?
HW.		ino.		15A
13 FATHER'S NAME	1	14 MOTHER'S MAIDEN NAME	1/10	
unaries E. Hado	awac/	1-11/190	wayman	)
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  (Yes. no or uninnown) (If yes, give wer or dates of service)	SOC AL SECURITY NO	NFORMANT	Address	1 1 1
<u> </u>	1/	country or between	laway of	reary mo
18 CAUSE OF DEATH (Enter only one couse per lin	perior (0), (b), and (r) ]	1. 1/11/20	0	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	The or the	aceas e		
LL 20./ DUE TO	1111 - 6-2	line 1. A.	11/2	
Conditions, if ony, which (b)	Marchel	ren yran	elon	
cause (o), stating the under-	1 stoman	1 Arallelia in	1	
lying couse lost. (c)	en ora	L'accorde		
6 PART II OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PAR	PERCORMED?
5	COLOR HOLL IN INCOME			YES NO [
PART II OTHER SIGNIFICANT CONDITIONS CONDITI	CRIBE HOW INJURY OCCURRE	) (Enter nature of injury in Part I ar Par	f If of item 18 }	
	THIRT OCCUPAND 20 P	ACE OF INITIARY (No. 1		
Heur a. m. While	Not while for	ACE OF INJURY (Home, form, 20f (City clary, street, office bldg., etc.)	r or lawn] (C	County) (State)
p, m. of war	k of world			
21. I certify that gittended the decease	ed from	19	, 19,that	last saw the deceased
alive an	and that death		n the causes and an ti	he date stated above.
ACTUAL COLLEGE	A	ADDRESS (S	freet, city or lown, story)	DATE SIGNED
SIGNATURE		MD.	17/179/01/2	11 1 1 VEH 15
PHYSICIAN'S	Sa Jamin >	L Pop to	16 1111111	. /2 . 1
220 BURIAL CREMATION, 226, DATE THEREOF	1911/101/	Caracc	1.01.11100	grever
REMOVAL (Specify)	22c. NAME OF CEMETERY O	0. 4	TION (City, town, or county)	(Slote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g, REC'D BY REGIS	TRAR 246 REGISTRAR'S SIG	SNATURE
It Blan letter . How	District De Li	7 h Al	159 Children 2	
y, or amended vitac	www.xr.m	NEGOTIA DITTO	37	
		ma.		



EXAMINER: This certificate shalld be examined within 24 haurs after death. If any dainy is necessary, please execute the certified, writing the word "pending" in pendin them, 18. Give Pages 1, 2, and 3 to the funeral difference of shauld be fare, and to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the control of Funeral DIRECTER: Page 3 shauld be used as a barial-transit permit. File pages 1 and 2 with the Store Board of Health, at its designated agent, prior to burial, cremation, at removal, and is any exell within 72 baurs after death.

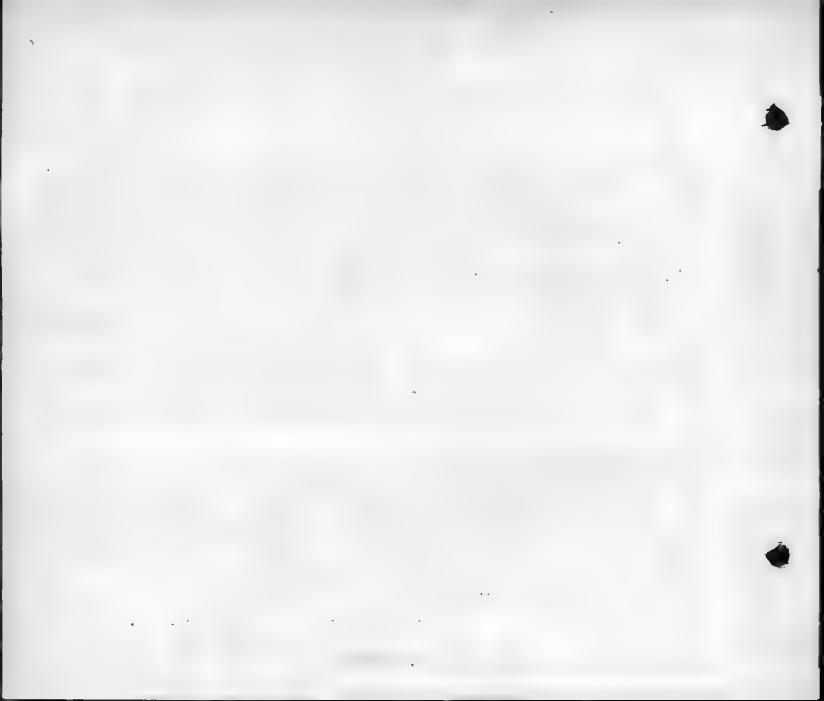
VS. A15ME 5M 2/57

ŧ	em 18 Fil	MARY!	AND S	3.54	ENT OF HEALTH		, 1	01136
							Reg. Dist. I	No.
	PLACE OF DEATH	LBOT		MARYLAND	O STATE	There deceased lived. If it		
-		Caulaide cerporate I m ts, writ	RUPAL	C. LENGTH OF STAY IN 16	*****	outs de corporate limits,		
	and give regress town	4)		C. ECTOTO OF STATE IN TO	X TRAPPE		arms nowne and gill	e riedian rowey
			f not in hos	pital, give street address)	d STREET ADDRESS	RURAL		ON A FARM?  YES NO 5
	NAME OF DECEASED (Type or print)	Fir	s†	Middle	Lost Tare	OF DEATH	Month De	by Year
	SEX	6 COLOR OR RACE	7 114 9919	BREREWOOD  NEVER MARRIED	HIGHLEY	9 AGE IIn you	THE PARTY IS NOT THE PARTY IN T	.2_ 1959
	F	W COLOR ON MACE	WIDOWE		June 21.190	fout birthday	Months Days	4 4
100	USUAL OCCUPATE	ON (Give kind of work		IND OF BUSINESS OR INDU		0	L + L	OF WHAT COUNTRY?
'	nost of working most of working house!	ng life, even if relired). V1fe			Marvlan		TISA	
13	FATHER'S NAME		·····		14. MOTHER'S MAIDEN N	IAME		
	Charl	les W.Brere	rood		Willie M	ills		
15	WAS DECEASED EV	ER IN U. S. ARMED FO	RCE5? 16.	SOCIAL SECURITY NO 17.	INFORMANT	Add	dress	
[50	No onthown	(If yes, give war or dates of	detaite]	None	A B Highley	Trappe 1	Maryland	
	18. CAUSE OF DEA	TH [Enter only one cou	se per line	for (a), (b), and (c).	V R.	. +	T as	TERVAL BETWEEN
	PART E. DEA	TH WAS CAUSED BY:	/dat	divine antoney	Acutealcol	nolism	10	hours +
	3 200				Hourgaroon	1044011		rich o t
	Conditions, if a				0.29%		1	
	gove rise to imme	diote come				* * ***		***
	cours lost.	de (c	)					
CERTIFICATION	PART H, OT	HER SIGNIFICANT CON	DITIONS CO	ENTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION	GIVEN IN PART 1(0	PERFORMED? YES NO
	200 EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	NTRIBUTING []	b DESCRBI	E HOW INJURY OCCURRED	(Enter nature of injury in Part	For Part II of Hem 18.)		
MEDICAL	Hour a.m.	RY Month, Day, Ye	White		ACE OF INJURY (Home, form clary, street, office bldg., etc.	20f. (City or fown)	(County)	(State)
	21. 1 certify t	hat I took charge	of the	remains described ob	ove, held on Autops	y K. Inspection		, ond in my
	opinion death	resulted from.	Notural o	causes . Accident	, Suicide , I	Homicide . Und	determined man	ner 🔲
	ACTUAL SIGNATURE	Norm/	Ulle	ly	M.D. CHIEF MEDICAL EX	AMINER [		DATE SIGNED
	EXAMINER'S			X	ASSISTANT MEDICA	AL EXAMINER [		1-13-59
_	NAME (Type)	Welty			DEPUTY MEDICAL I		Annual State of	Man
224	BURIAL CREMATIC	Jan 15	1959	32c NAME OF CEMETERY O	r crematory pring Hill	Tas location (City, to Easton	wn, or county) Mary	(Stote) land
23.	FUNERAL DIRECTO	E'S SIGNATURE		ADDRESS	24a. REC'I		REGISTRAR'S SIGNAL	
J€	Compte Fu	neral Servi	ce	Cambridge M	aryland DATE A	V 1 9 '59	1 - 0 1	
-					Tours Miles		want of the	cupitar



1132 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY MARYLAND mab. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION YES NO NAME OF DECEASED Middle DATE Month Yeor (Type or print) DEATH 6. COLOR, OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS lost birthday) Months Doys Hours WIDOWED T DIVORCED [7] 100. USUAL OCCUBATION Trive kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most for working life, even if retired) 12 CIJIZEN OF WHAT COUNTRY? own home Baltimor Pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ö 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 150] 19. WAS AUTOPSY PERFORMEDA YES I NO. 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or fown) 20d INJURY OCCURRED Dov. Year (State) (County) foctory, street, office bldg, etc. Hour o.m. While Not while of work of work 19.51, that I last saw the deceased 21. I certify that I attended the deceased from. alive on AA and that death accurred at A.M. fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) **DATE SIGNED** AAPPRAA. SIGNATURE PHYSICIAN'S NAME (Type) Baltimore, Md. 220. BURIAL, CREMATION. 22b. **DATE THEREOF** 22c NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Western Cemetery Zuren ( 10 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE STATE JAN 2 2 39 C THAT & Traves VS A15 (4) 2603

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



e. 15 RESIDENCE

Dov

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

That I last saw the deceased

ON A FARM? YES NO

Year

Min.

Rea. Dist. No.

Month

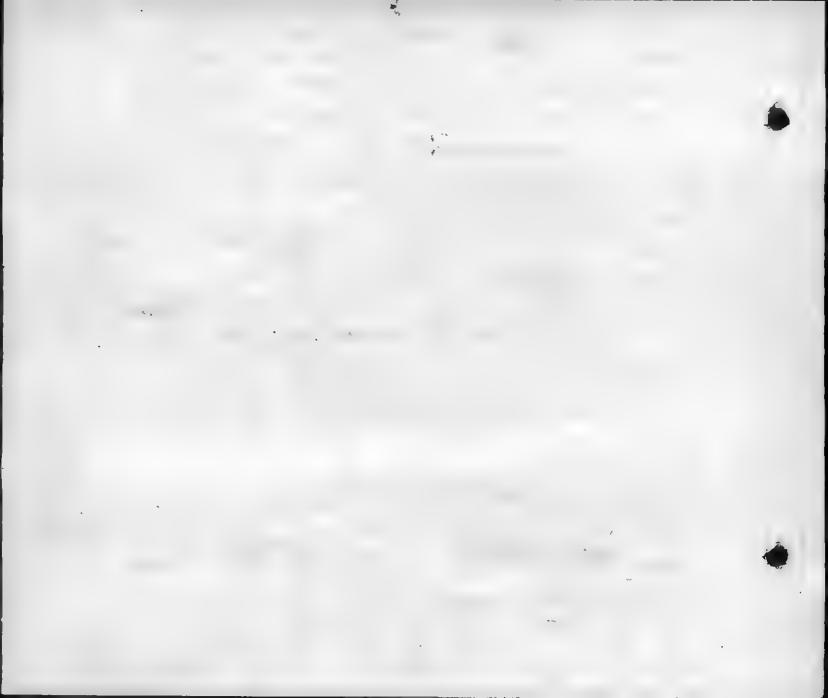
Address

Months

of director, Filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) o. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURA), and give negrest town) RURAL and give pearest lown) d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Ξ. NAME OF Middle 4. DATE Lost DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH lost birthdoy) DIVORCED [ WIDOWED [7] 2 USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during mbst of warking life, even if retired) and bon c borer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Š physician hKowh AAC hours 15. WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT or unknown) (If yes, give wor or dates of service) 72 affending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a), DUE TO Conditions, if any, which gave rise to immediate DIJE TO couse (a), slating the underlying couse last. (c) CERTIFICATION PAIT IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY burial 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Port I or Port II of item 18 ] WEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED 20f. (City or town) factory, street, office bldg, etc.) Hour o. m While Not while of work of work 21. I certify that I attended the deceased fram. \_, and that death accurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE Prior DIE A PI FUNERAL 1 PHYSICIAN'S NAME (Type he registrar 220. BURIAL, CREMATION. 22b. DATE THEREOF 22d LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY -REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

HOSPITAL 10

that the



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 1134 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY o. STATE **B COUNTY** MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN LL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest lown Tras JIAL d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 24 YES NO 4. DATE NAME OF Midd Lost Month Yeor DECEASED OF (Type or print) DEATH 19 5. SEX 6. COLOR-OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years MARRIED [ lost birthday) Months Doys DIVORCED [ WIDOWED | yrs 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond corbon ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician ing physicia re remove o 72 hours o 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH a PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 162.0 DUE TO å Ë Conditions, if any, which any (b) gued gave rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO. YES 🗌 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED Doy, Year 20f (City or town) (County) (Stote) foctory, street, office bldg. etc.) Hour o.m. While Not while at work at work p. m . 1957 31, 1957, that I last saw the deceased 21. I certify that I attended the deceased from to\_ M, from the couses and an the date stated above. alive an and that death accurred at ADDRESS (Street, city or fown, state) DATE SIGNED AL Direction of should be transpring ACTUAL SIGNATURE PHYSICIAN'S NAME (Type may be r FUNERJ poge 3 st 220. BURIAL CREMATION. 22ь DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY LOCATION (Stote) REMOVAL (Spytify) uridi 0 23., FUNERAL DIRECTOR'S SIGNATURE

**ADDRESS** 

240 REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 1SM 9/5S



Min

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES [7]

> > (State)

**DATE SIGNED** 

Stotel

24b. REGISTRAR'S SIGNATURE

0 1 1 8 H AUA

24o, REC'D BY REGISTRAR

DATE FER

1. PLACE OF DEATH COUNTY albox b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NAME OF HOSPITAL (If not in hospital, give street address) NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE Female 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause partine for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 420.1 DUF TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), sloting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d, INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o. m. While Not while ol work of work p. m. 7 19 1 That I last saw the deceased I certify that I attended the deceased from. and that death accurred at 2.354M, from the causes and an the date stated above. alive an ADDRESS (Street, city or lown, stole) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City lown, or country REMOVAL (Specify)

JA DORESS

Dud physician ÇÖ attending ā þ permit. ony signed burial-transit certificate 6 ᆵ FUNERAL DIR poge 0

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death.

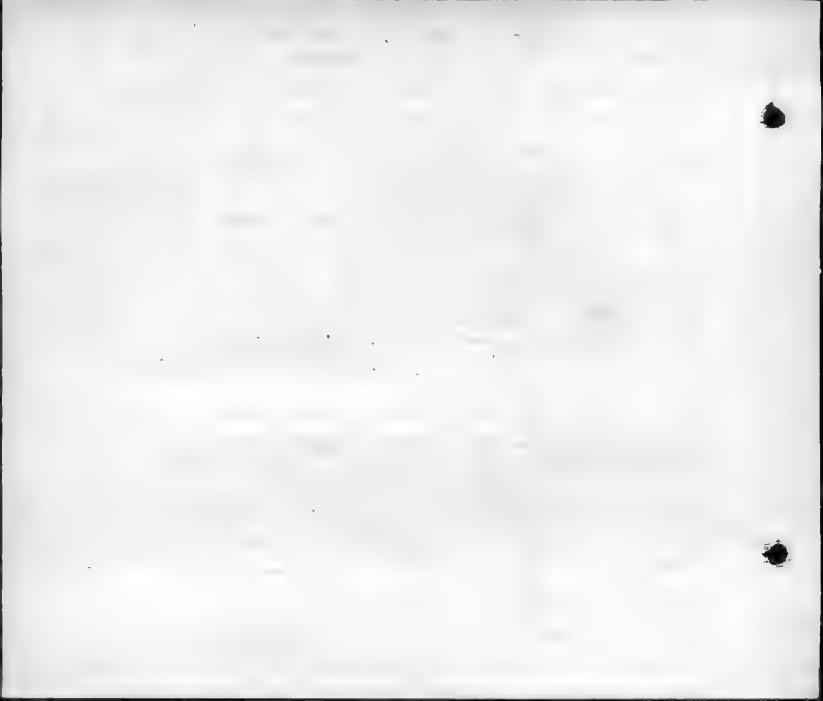
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23 FUNERA DIRECTOR'S SIGNATURE



death.

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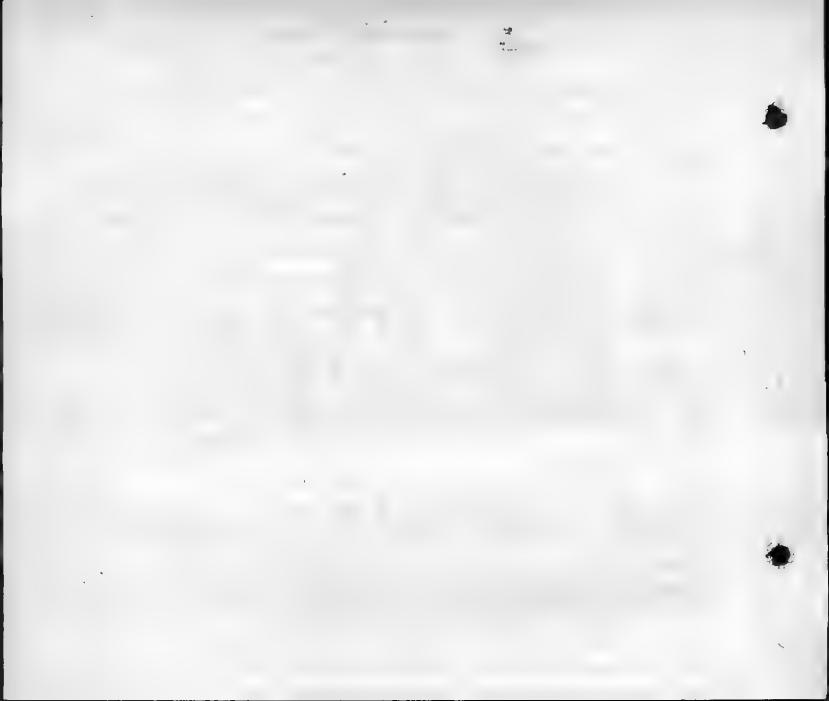
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by the haspital ar attending physician.  TO FUNERAL DIRE R. After this certificate has been signed by the attending physician and campletely filled in by the tractor,	page 3 should be relached for use as the burial-transit permit. Then please remove corbon popers. Pages 1 and 2 should	the registrar prior to buriol, cremation, or removal, and in any event within 72 hours, ofter death.
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OSP	3 7	60	eg.
¥	95	500	36
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	7 7 CERTIFICATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived if institutions Residence before admission on STATE)  b. COUNTY
(F)	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
"	RURAL and owe neorest town)
	Edston. Golius Now 1-15600. 1. K.
Xa	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  ON A 1  YES  YES  YES
	3. NAME OF First Middle Lost 4. DATE Month Day Ye
	(Type or print) Alfred Smith Leap DEATH Tomas OF DE
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF WNDER LYEAR IF UNDER LYEAR
	MI WIDOWED DIVORCED D
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or foreign country)  12. CITIZEN OF WHAT Country of working life, even if relired)
	Gardner Lew Jersey USA
1	13. FATHER'S NAME
I	William Leap Lydia Colo
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  Address  [Yes, no. or unknown]         yes, give wor or dotes of service)
	NO NONE URU. HOSPITAL DECORD - EASTON,
	18. CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (c).] INTERVAL BET ONSET AND
	PART I, DEATH WAS CAUSED BIT:
	DUE TO DUE TO
	Conditions, if ony, which ) as Merketure of a vice anewysin
	gove rise to immediate NISTO
	lying couse lost.
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS A
nt.	PERFOR
	200. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH UTF EITHER, NOTIFY MEDICAL EXAMINER)
	Hour o. m. While Not while foctory, street, office bldg., etc.)
	p. m. of work of work
	21. I certify shot Lastended the deceased from, 19, ta, 19, that I lost saw the c
	alive on
	ADDRESS (Street, city or towar stole) DA
	SIGNATURE CHARLESTON ST. 135
/	- 1 11 C. 1 - 14 1 + 10/00 1 1
- 1	NAME (Typo) E. C. H. Schmolt Caplon 16, Mingland
	220 BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d LOCATION (City town, or county) (Stole
	REMOVAL (Specify)
	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D.RY. REGISTRAR 24b REGISTRAR'S SIGNATURE
	JAN 15 '59
	The Florighon Carel FASTON, MD DATE



## CERTIFICATE OF DEATH

Reg. Dist. No.

_		Keg. Dist. No.	
1.	PLACE OF DEATH O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before adm a. STATE AMARIANA b. COUNTY FALFAT	ission)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give hearest town)	c. CITY OP TOWN (If justide corporate limits, write RURAL and give nearest to	wn)
	d. NAME OF HOSPITAL (I) not in haspital, give street address) OR INSTITUTION & USER HUYSING Home	ON ON	A FARM?
	NAME OF DECEASED (Type or print)  The first Middle Middle Magnin T	Last 4. DATE Month Day DEATH YEAR 8	Year 19.57
	SEX	ASE 31 1886 (Sat Printedy) Months Days Hour	1 Min
	USUAB OCCUPATION! (Give kind of work done 10b. KIND OF BUSINESS OR INDIduging most of working life, even it retired)	Cheo Cl. 64	AT COUNTRY?
)3.	Artin Timmen	There I will Pray	
15.  Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.  Ill year give wor or dotes of service) 7.70-/2-/282	Mrs & K. M. Million Address Coffee &	Rid
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).],  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)	INTERVAL ONSET AN	
	3.2 2X DUE TO	athenten -	_
	gave rise to immediate code (a), storing the under lying couse last.	es aterraca -	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERI	S AUTOPSY FORMED?
	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port 1 or Port 11 of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while at wark of twork	PLACE OF INJURY (Home, farm, factory, street, office bldg , etc.) (County)	(Stale)
	The state of the s	th occurred at 11 25 HM, from the causes and on the date sto	e deceased
	ACTUAL SIGNATURE S. 17. Co. Co. Co.	ADDRESS (Street, city or town, state)  M.D. 12 Not 14 M N S D C	DATE SIGNED
L	PHYSICIAN'S NAME (Type)	EASTON MARNUTERA	/
220	S. BLRIAL CREMATION, 276 DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 22d LOCATION (City, town; or caunty)	(ate)
23.	FUNERAL CHECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
	1 State Stat	115 1 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5	

eral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page may be retained by the hospital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the certificate has been signed by the attending physician and campletely filled in by the certificate has been signed by the attending physician and campletely filled in by the certificate with page 3 shauld be as ached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 share filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. V5 A15 (4)

167



**ADDRESS** 

662722217

. IS RESIDENCE

Day

YES NO DE

Yeor

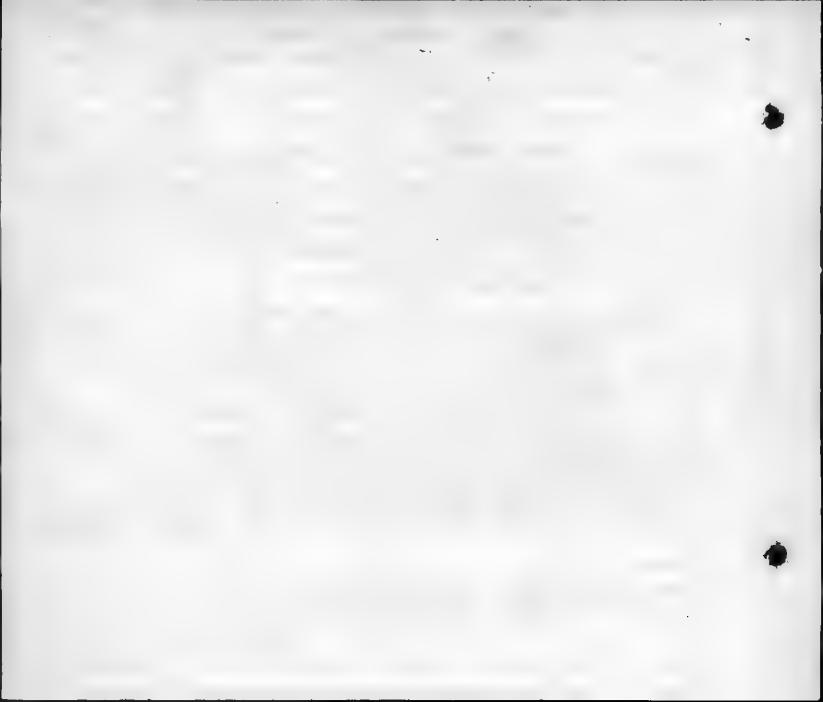
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Rea, Dist. No

IEUNDER I YEAR IF UNDER 24 HRS lost birthday) Months Doys yrs 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO (County) (State) ., 19\_\_\_\_that I last saw the deceased M, from the causes and an the date stated above. DATE SIGNED (Stole) EC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 24a.

0 VS A15 (4) 15M 9/55

23. FUNÉRAL DIRECTOR'S SIGNATURE



01144

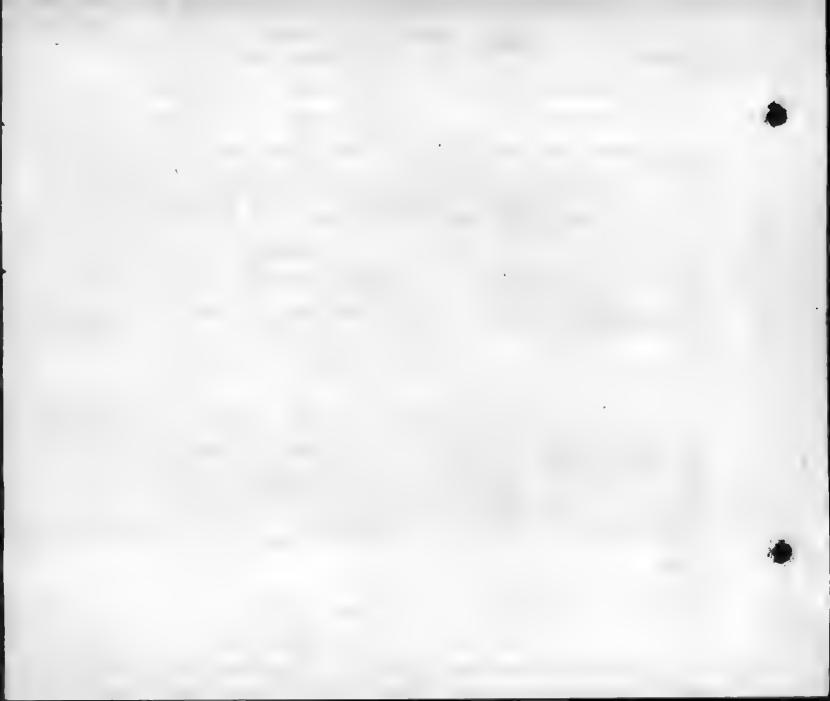
L	1139 CEKTIFICA	AIE OF DEATH	Reg. Dist.	No.
1.	PLACE OF DEATH COUNTY  TALBOT  MARYLAND	2 USUAL RESIDENCE (Who STATE	b. COUNTY	before admission
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neoral fown), to W	E. CITY OR TOWN (I) A	ulside corporate limits, write RURAL and giv	re nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EAST AV Memorial Hospi	d. STREET ADDRESS	lashingter St.	e IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) MS. Mangaret B.	MURPRY	4. DATE Month OF DEATH	Day Year 7 19
5.	SEX Female   6. COLOR OR PACE   7 MARRIED   NEVER MARRIED   DIVORCED	JUAC 29 18	The second secon	YEAR IF UNDER 24 HRS
10	USUAL OCCUPATION (Give kind of work done) 105. KIND OF BUSINESS OR INDUITING most of working life, even if retired)	Mary	and L	IN S. A.
	John H. Barnes	Sa MAIDENNA	il Leonard	
15	. WAS DECEASEDEVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. 18 (If yes, give wor or dates of service)	Enry C. Nyzad	hy husband -	Same
	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  ALCIN OMA	of Lun		ONSET AND DEATH
	Conditions, if any, which (b)			
	gove rise to immediate couse (a), stating the under-lying couse last.    Course   Co			
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PART I	19. WAS AUTOPSY PERFORMED? YES NO 3
	200 ACCIDENT WAS UNDERLYING [] 206 DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Po	ort I ar Port II of item 18 )	
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 40 PL While Not while for work 19 of work 19 of work 19	ACE OF INJURY IHome, form, ictory, street, effice bldg , etc.)	20f (City or Iown) (Co.	unly) (State)
	21. I certify that I attended the deceased from LD.	occurred at $\mathcal{R}^{19}$	M, fram the causes and an the	st saw the deceased
	ACTUAL SIGNATURE Almald St. Bayley	M.D 9 N.	DORESS EStreet, city or town, state)	DATE SIGNED
	PHYSICIAN'S DONALD F. BARTLEY M	D. E.	eston. md.	, 
	BURIAL CREMATION. 27b. DATE THEREOF PEMOVAL (Specify) Jan 4. 1959	R CREMATORY	22d LOCATION (City town or county)	(State)
23	FUNERAL DIRECTOR'S SIGNATURE AND RESS	24a. REC'D DATE	BY REGISTRAR 246 REGISTRAR'S SIGN	4. *

eral director. be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRE

R. After this certificate has been signed by the attending physician and completely filled in by the page 3 should be peroched for use as the buriof-transit permit. Then please remove, carbon papers. Pages 1 and 2 the registrar prior to buriof, cremation, or removal, and in any event within 72 Mours after death. VS ATS (4) 15M 9/55

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# tral director, be filed with THE HESITAL OR ATTENDING PHYSICIAM The form may tree that the leath certificate be exampled within 24 haurs after death. Illame may be retained by the hospital or altending physician. TO FUNERAL DIRE 1. After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be setached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shy the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs offer death.

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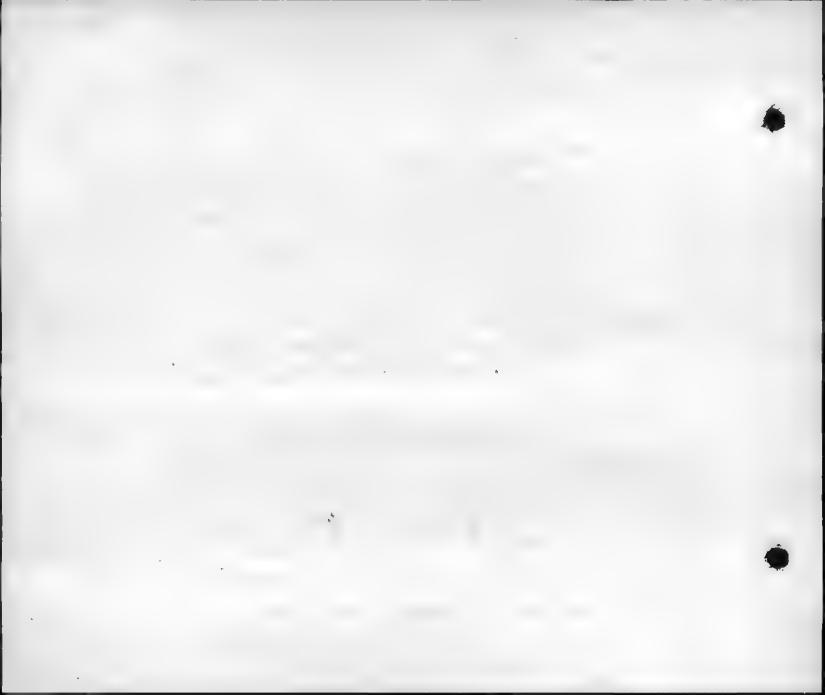
# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

01145

	Pitter	No.	
- 12 SE	DIST.	INO.	

		1141 CERTIFICA	ATE OF DEATH	Reg. Dist	U
)	1, 8	LACE OF DEATH COUNTY Scielled MARYLAND	2. USUAL RESIDENCE (Where o. STATE	b. COUNTY	before admission)
	ı	CITY OR TOWN (If outside disposate limits, write RURAL and give nearest town)  Cathory Rural: 32	c. CITY OR TOWN (If outs	Richard	ve nearest town)
Ą		NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  Thomas	STREET ADDRESS 3		e. 15 RESIDENCE ON A FARM? YES NO
	1	IAME OF First Middle PECEASED [ype or print] Hormasi W.	Capster 4	OF SEATH	Ooy Year GIL 1959
	5 9	Pilitic 1/4rite WIDOWED DIVORCED	June 5, 189	6 Ca yes. Months E	YEAR IF UNDER 24 HRS Doys Hours Min
		USUA. OCCUPATION (Give kind of work done) during most of working life; even if retired)  Hours Business OR INDI	es Washingt	foreign country) 12 CITIZ	S. CZ.
		NAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17.	14 MOTHER'S MAIDEN SHA	no Detuvil	oz.
	[Yes	yes World y/wr I mone //	ks Lohunler	L. M. ellery Offe	ind, Tied
		PART I. DEATH Enter only one couse per fine for (o). (b), and (c) ]  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	l Amfar	eti	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gove rise to immediate (b)	note Con	mary Dreing	•
	z	cause (a), stating the under   DUE TO   lying cause lost. (c)	V MOTORIATIO VO VIII TERMINA		The Mas Automy
1	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRI	deron	9	PERFORMED?
	AL CERTIF	OR CONTRIBUTING   CAUSE OF DEATH	LACE OF INJURY (Home, form,		
	MEDICAL	Hour a.m. p. m 19 While Not while of work at work	sctory, street, office bldg., etc.)		ounty) (Stote)
		21. I certify that I attended the deceased fram		M, from the causes and on the	e date stated abave
		ECTUAL SIGNATURE	MO	DRESS (Street, city or town, state)	DATE SIGNED
1	220	PHYSICIAN'S NAME (Type)  BURIAL CREMATION,   226 DATE THEREOF   22c NAME OF CEMETERY C			<del></del>
		BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY CREMOVAL (Specify) 21/13, 195 Oxford	emotory (	ON THE STAR SOLD BECKET AND SECULATION OF COUNTY)	laryland
	43.	Liter Die Grienen Entre	DATE N 1	3 09 246 REGISTRAR'S SIGN	MATUM:



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01148 **CERTIFICATE OF DEATH** Rea, Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed If institution: Residence before admission) a COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If ourside corporate limits, write RURAL and give negrest town) RURAL and a ve nearest lown) -11510 N d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO E 3 NAME OF 4. DATE Miglele Month Lost Year DECEASED OF DEATH (Type or print) 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OF RACE MARRIED NEVER MARRIED 8 DATE OF BIRTH lost bigthyday) Months Doys Hours Min DIVORCED | WIDOWED [ 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Cig 9 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per life for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Canditions, if ony, which (6) gave rise to immediate DUE TO couse (a), stoling the underlying cause last. PARTIE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO [ 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (Stole) (County) foctory, street, office bldg , etc ) AEDI Hour o m While

DATE SIGNED

Blole)

M, from the causes and on the date stated above.

24b REGISTRAR'S SIGNATURE

ADDRESS (Street, city or town, stote

24g REC'D BY REGISTRAR

of work of work

and

that death accurred at

22c NAME OF CEMETERY OR CREMATORY

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DIRE 0

21. I certify that

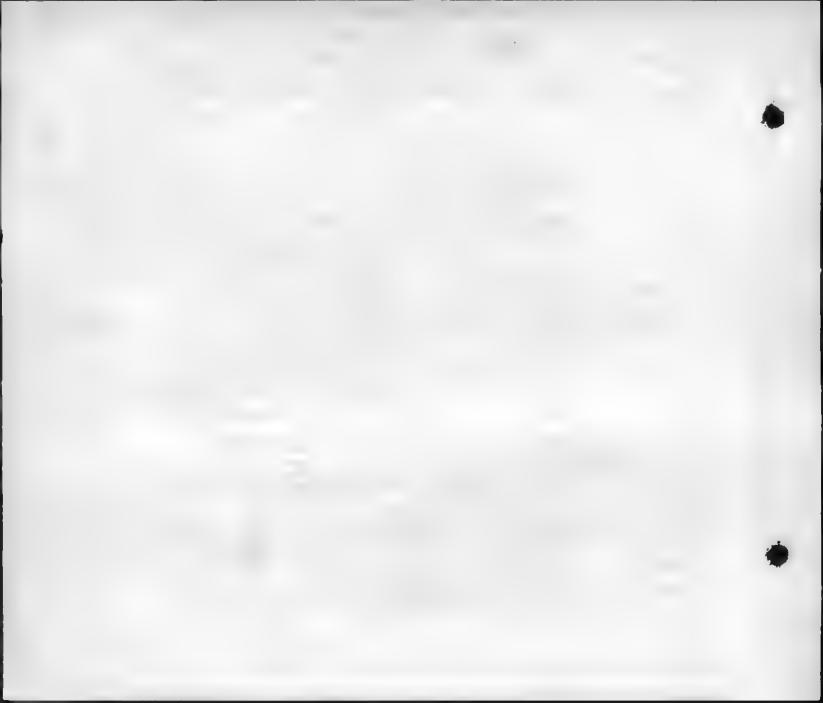
alive on

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220 BURIAL CREMATION.

23. FUNERAL/DIRECTOR'S/SIGNATURE





Page Dist No.

				Kan his	11. 110.			
	1. PLACE OF DEATH  o. COUNTY THE PLACE OF DEATH	MARYLAND	2 USUAL RESIDENCE (Where deceded o. STATE	used lived. If institution, Residence b. COUNTY	e before admission)			
	b. CITY OR FOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oblaide con	parate limits, write RURAL and g	ive negrest fawn)			
	TA-TIN	3 4A45	Speak	0				
,	d NAME OF HOSPITAL (If not in hospital, give street or institution  A TOM MEM	oddress)	d. STREET ADDRESS	2 best	e. IS RESIDENCE ON A FARM? YES NO NO			
	3 NAME OF First DECEASED (Type or print)  HURA	Middle	Post 4. DATI OF DEA		Doy Year			
	5 SEX 6. COLOR OR RACE 7. MARR		Oct. 11 1889	9. AGE (In years   IF UNDER   Months	1 YEAR IF UNDER 24 HRS. Days Hours Min			
	100 USUAL OCCUPATION (Give kind of work done 10b.		TRY 11 BIRTHPLACE (Stote or Torsion		ZEN OF WHAT COUNTRY?			
	during most of working life, even if retired)  He uscuff C	mere	V. atla CO	md. u	5 A .			
	13. FATHER'S NAME	Fell.	14 MOTHER'S MAIDEN NAME	· Air				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14	SOCIAL SECURITY NO 117. II	IPORMANT	Address				
	[Yas, no or unknown] [If yes, give war or dates of service]		All what & a.	C	- hil			
	NO I	117-30-9480	COM. IN. C. SAC	- Children	VTEX 1111			
	PART I. DEATH (Enter only one couse per lit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cerel al	hemmerge_		INTERVAL BETWEEN ONSET AND DEATH			
	331 X DUE TO							
	Conditions, if ony, which	Gove rise to immediate						
	couse (o), stoling the under-							
	tying couse lost. ) (c)	COLUMNIA TO SCATE OUR	HAT AT LICE TA THE TOTAL AND A DEC					
1	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT KELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	PERFORMED?			
		CRIBE HOW INJURY OCCURRED		Port (I of stem 18.)	I III NOT			
	OR CONTRIBUTING CAUSE OF DEATH			,				
	Hour o. m. While	1 1	CE OF INJURY (Home, form, 20f (Clory, street, office bldg., etc.)	lity or lawn) (C	ounty) (Stote)			
	₹ p. m 19 of wor							
	21. I certify that I attailed the deceas	ed fram		CLACY, 1927, that 11				
	alive on 15 Clary Congression	and that death	accurred at 8.1126M, fr		A			
	ACTUAL CALLACTOR	innie	DATE MADORESS	(Street, city or tawn, state)	DATE SIGNED			
	SIGNATURE	1	NO OTTO ON	and a	15-11-ha-57.			
/	PHYSICIAN'S AME (Type)	chmatt	Cartar	16011100	larel			
	270 BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY 22d 100	CATION (City, town, of county)	(Stote)			
	23. PUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Marrie 77	rushing, M	10			
	The state of the s	ADDRESS OF THE PARTY OF THE PAR	240. REC'D BY REG	ISTRAR 246. REGISTRAR'S SIG	INATURE			
1	Harris a money	المناهات المناهات	TURE IN DATE AND	9 ( , , , ,	201eA			

may be retained by the haspital ar attending physician.

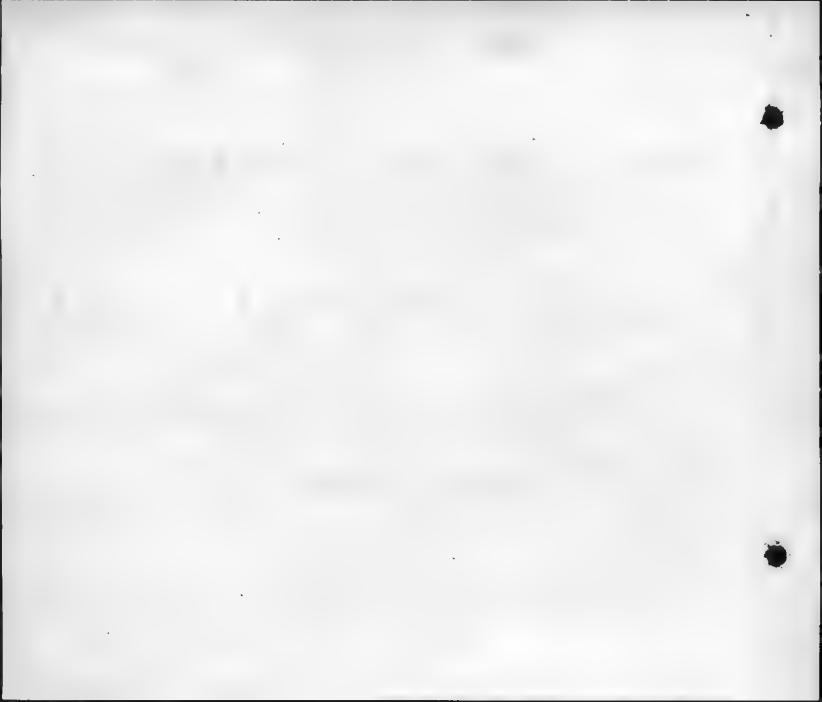
D. FUNERAL DIRE

R. After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be estached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 state registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. TO FUNERAL DIRE TO HOSPITAL OR VS A15 [4] 15M 9/55

neral director.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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	1144	CERTIFICA	ATE OF DEATH		Reg. Dist. No.			
ř	1. PLACE OF DEATH  "COUNTY Talbot	MARYLAND	2. USUAL RESIDENCE (Who	re deceased lived. If instituti b, COUNTY	on Residence before admission) Hawleins			
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Easton	e. LENGTH OF STAY IN 15	Rodgersvi	riside corporate limits, write R	CURAL and give nearest fown)			
)	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Memorial Hospital	oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF First DECEASED (Type or print) Claude	Middle P	rice	4. DATE Mor OF DEATH Jan -	/\day Year /\day 14, 1959			
	5. SEX 6. COLOR OR RACE 7. MAR Male White widow	RIED THEVER MARRIED	8. DATE OF BIRTH May 1, 1925	9. AGE (In years last by thiday) yrs				
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Manager  A	kind of Business or Indu-	Tennessee	or foreign country)	USA			
1	C. N. Price		14. MOTHER'S MAIDEN N	Price				
1	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 (1997 NO O' UNTROWN) YOU WE'LL	SOCIAL SECURITY NO 17. I	Mrs. June P Rodgersvil	rice le Tenn.	rets			
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) accuse to the motion colleged  DUE TO  Conditions, if any, which and the colleged for							
)	OR CONTRIBUTING CAUSE OF DEATH	CONTRIBUTING TO DEATH BUT	cardia	e Kailer	VEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO N			
	A Hour a.m. While		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)		(County) (State)			
7	21. I certify that I attended the deceo alive on 12.  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Fluy M. (1)	sed from I - II			A, that I lost saw the decease and on the date stated above state)  DATE SIGNED  5 - 5 - 7			
	200 BURIAL, CREMATION, 226 DATE THEREOF REMOVAL (Specify) Jan. 18-59	Rodgersvill		nd location (City, lown, Rodgersvill	and the same of th			
	23 FUNERAL DIRECTOR'S SIGNATURE	slytimes.		BY REGISTRAR 245. REG	STRAR'S SIGNATURE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIR poge 3 should

peral director.

01

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14 MOTHER'S MAIDEN NAME

17. INFORMANT

PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY

foctory, street, office bldg., etc.)

20e. PLACE OF INJURY (Home, form, | 20f [City or town)

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)

and that death occurred at

22c. MAME OF CEMETERY OR CREMATORY

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSEJ AND DEATH

PERFORMED? YES NO

(County)

M, from the causes and on the date stated above.

town, or county)

24b. REGISTRAR'S SIGNATURE

ADDRESS (Street, city or fown, state)

22d / LOCATION (City.

240 REC'D BY REGISTRAR

...that I last saw the deceased

(Stote)

DATE SIGNED

(Stole)

100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)

no den

20d, INJURY OCCURRED

Not while of work of work

ADDRESS

White

death.

PLACE OF DEATH

OR INSTITUTION

during most of working life, even if retired)

PART I. DEATH WAS CAUSED BY.

Conditions, if any, which gove rise to immediate

couse (a), stating the underlying couse lost

20c. TIME OF INJURY Month.

Hour o. m

ACTUAL

PHYSICIAN'S NAME (Type)

229-BURIAL CREMATION.

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC AL SECURITY NO.

IMMEDIATE CAUSE (o)

CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)

**DUE TO** 

DUE TO

Doy, Year

21. I certify that I attended the deceased fram

22b. DATE THEREOF

o. COUNTY

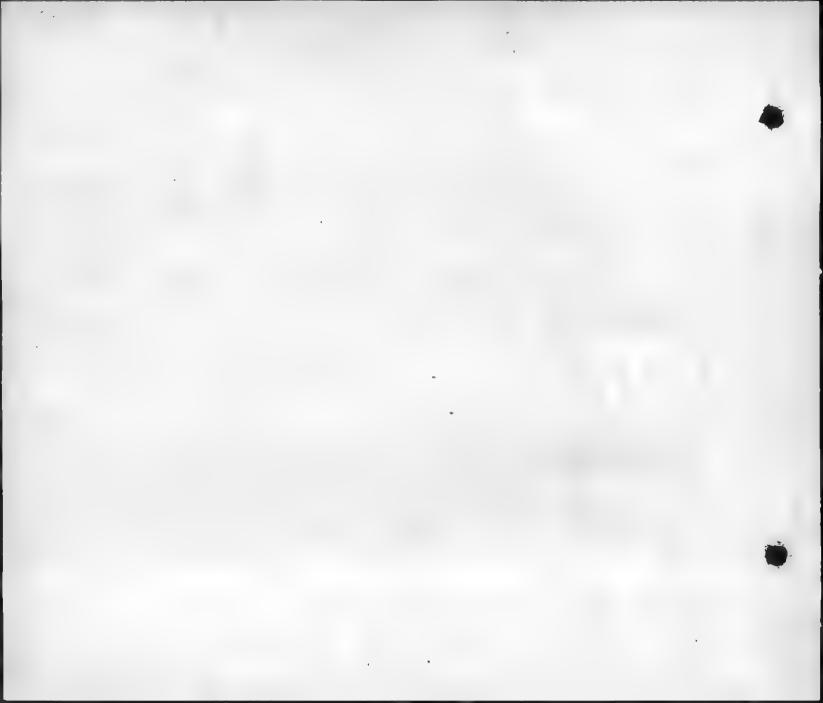
NAME OF

5. SEX

DECEASED (Type or print)

13 FATHER'S NAME

loine L DIR



- Winds

4.5	. <b>U</b> 1)	QEICT.	11971	12 01 027	****		Reg. Dist, N	No.
1. PLACE OF DEATH 6. COUNTY Tal bot		MARY	(LAND	2. USUAL RESIDENCE o. STATE Maryl		d lived If institut b. COUNTY		·
b. CITY OR TOWN (If outside corporate li RURAL and give nearest town)	mits, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN		prate fimits, write i		
rural Trappe		40 yrs.		/ rural	Trapp	e		
d NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street	oddress)		d. STREET ADDRES	SS .			e. IS RESIDENCE ON A FARM? YES RE NO
DECEASED	First	Middle		Lost	4. DATE OF	Mai		Day Year
111/1/1/	ANOR		AULSE		DEATH	Jenna	9,	19 59
female white	WIDOWI	RIED NEVER MARRI		June 4, 18	370	9. AGE (In years last birthday) 88 yrs.	Months Day	AR IF UNDER 24 HP
10a USUAL OCCUPATION (Give kind of wor during most of working life, even if retire	k done 10b.	KIND OF BUSINESS C	R INDUST	RY 11. BIRTHPLACE (	Jale or fareign c	country)	12. CITIZEN	OF WHAT COUNT
housewife	Ha)			Delav	are			UsS.
13. FATHER'S NAME				14. MOTHER'S MAID				0,000
St. Clair Watts				5	Sara E.	Lofland		
15. WAS DECEASED EVER IN U. S. ARMED FO {Yes, no. or unknown}   (If yes, give wor or dates or	RCES? 16.	SOCIAL SECURITY NO	. 17. INI	ORMANT		Add	ress	
no	r	ione		. Sarah Di	ffender	fer 1	rappe,	Md.
18. CAUSE OF DEATH [Enter only one	couse per li	ne for (a), (b), and (c).	1 )		P			NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(0) My	nachia	l fr	effect	لسما		O	INSET AND DEATH
A. DUE 1	/	,		8	/ _			
Conditions, if any, which )	n ///	Huss	cles	otic H	m / 7	2-100-	0	Graces
gove rise to immediate	(D)							J.C.
luing cours lost	(c)							
		CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	/EN IN PART I(g)	19. WAS AUTOPSY
CATA								PERFORMENTS YES NO
PART II. OTHER SIGNIFICANT CO	41	CRIBE HOW INJURY O	CCURRED.	(Enter nature of injur	y in Port I or Por	t II of item 18.)		
20c. TIME OF INJURY Month, Day, Y Hour e. r., p. m.,		NURY OCCURRED	20e. PLAC	E OF INJURY (Home,	form, 20f. (City	or town)	(Count	ly) (State
Hour e. r. 19	While of wor	Not while	TOCIO	ry, street, office bldg.	etc.)		_	
		R	POX	1048	7.1	9 .5	1	
21. I certify that I attended th	e deceas			19_/, 10_	2-01	Janes 199		saw the deceas
alive on	, 180	Zf, and that	deoth o	occurred ot 2_4				
ACTUAL	2/ 2/	de la		(	ADDRESS (S	treet, city or town,	sicie)	DATE SIGN
SIGNATURE	we!	JA //	м.	D	a170	g-e	/	11/5/
PHYSICIAN'S Dr. Sheps	ard Kr	ech, Jr.		Eas	ton, Md	•		′ / /
220. BURIAL, CREMATION, 226. DATE THERE	OF	22c. NAME OF CEMI	ETERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)	(State)
Burial [Specify] Jan.12,	1959	Spring H				ton, Mary		(=:3.0)
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			REC'D BY REGIST		STRAR'S SIGNAT	TURE
Maurice E. Newman &	Son	Easton.	Md.	DATE	11			
TA BYCKLIE		Part D D D TI			1 - 1-0	- P-4		

To FUNERAL DIR.
page 3 should be
the registrar prior to b



ADDRESS

240. REC'D BY REGISTRAR

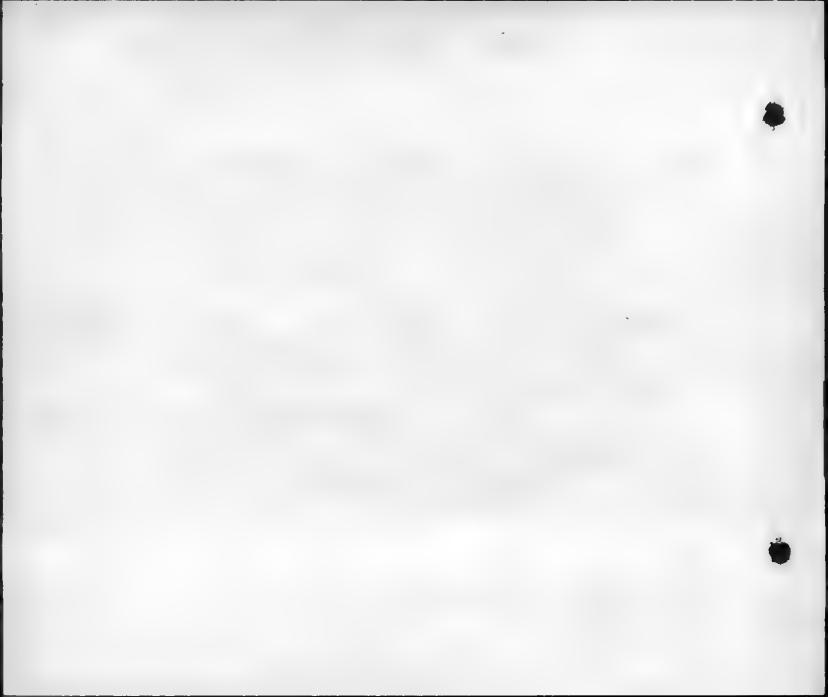
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24b. REGISTRAR'S SIGNATURE

2 2 0 0. VS A1S (4) ISM 9/SS

23. FUNERAL DIRECTOR'S SIGNATURE

death.



CERTIFICATE OF DEATH

,	7730	CERTIFICATE OF DEA	Re	g. Dist. No.
	1. PLACE OF DEATH COUNTY Talbot	MARYLAND 2. USUAL RESIDENCE	E (Where deceased lived. If institution, R. B. COUNTY B. COUNTY	esidence before admission) Calbat
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  E93 Ton	7 days X Cla	I (If outside corporate limits, write RURAL	ond give nearest town)
)	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Memorial Hosp.	9. STREET ADDRE	SS	e. IS RESIDENCE ON A FARM? YES NO D
	3 NAME OF BECEASED (Type or print) Mary E/.	Middle Loss 13 abeth Smith	4. DATE Month OF DEATH January	
	5. SEX 6. COLOR OR RACE 7. MARRIED NE	DIVORCED   July	1888 TO yrs Mor	nths Days Hours Min
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  W. W.	JUSINESS OR INDUSTRY II BIRTHPLACE (	State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
- C - C - C - C - C - C - C - C - C - C	13. FATHER'S NAME William Roberts		Jackson	
	15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SE [17es. no or unknown) [17 yes. give wer or dates of service]	CURITY NO. 17 INFORMANT	mith- SUN - C	lasberrare Md
	PART I. DEATH WAS CAUSE BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove fise to immediate cause (a), stoting the under- lying cause last.  (c)	levotie cordiae i	cerebro boxenlos	d' -
		VINJURY OCCURRED. (Enter nature of infut	lid	N PART 1(0) 19. WAS AUTOPSY YES NO D
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCC	while foctory, street, office bldg	form, 20f. (City or town)	(County) (Stole)
	21. I certify that I attended the deceased from olive on	ond that death occurred at 2.		at I last saw the deceased on the date stated abave.
-	PHYSICIAN'S JULY M JEE 220. BURIAL CREMATION, 22b. DATE THEREOF 22c NAI	ME OF CEMETERY OR CREMATORY	27d LOCATION (City, town, or co	-1-59
	REMOVAL (Specify) 1-23-59 C1	laiborne Cemetery	Claiborne, Mar	ryland
	Home St. Marshall-St.		REC'D BY REGISTRAR JAN 2 7 '59 Cuthu	r's signature 1 L Klawa

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained the hospital ar attending physician.

TO FUNERAL DIRICAL PROPERAL DIRICAL PROPERAL DIRICAL PARTY THE DIRICAL DIR

eral director, id be filed with



CERTIFICATE OF DEATI

01154

	1.	157	CERTII	FICA	E OF D	EAIH			Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY	Tallot		MARYL	[-]		iaryl		lived If instituti b. COUNTY		lbot		ion)
b. CITY OR TOWN (I RURAL ond give of Rural	If outside corporate limearest town) EASCON	ils, write	c. LENGTH OF STAY I	IN 1b	c. CITY OR TO	-	utside carpora E <sub>n</sub> St	ote limits, write R	URAL and	give ne	arest tow	1)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, (	give street	oddress)		d. STREET AD	DRESS					e. IS RES	FARM?
3. NAME OF DECEASED (Type or print)	JENNE	TT C.			Last		4. DATE OF DEATH	Jan. 1		Do		Year 19 5
female	6. COLOR OR RACE	7. MARI	NEVER MARRIE		iay 12.	1864		P AGE (In years last birthday) 94 yrs.	Months	R 1 YEAR	Hours	ER 24 HRS. Min.
10a USUAL OCCUPATION during most of war house	king life, even if retired	dane 10b.	KIND OF BUSINESS OF	R INDUSTRY	Ma	CE (Stote o	nd	untry)	12. C		S.	COUNTRY
13. FATHER'S NAME	0.			1	14. MOTHER'S N							
John Cr		CES2 14	SOCIAL SECURITY NO	17. INFO		nnet	t Duli	n Add				
(Yes, no, or unknown)	(If yes, give wor or dates of	Merwite)	SOCIAL SECURITI NO.		Walter	Todd		Royal Oa		d.		
Conditions, if a gave rise to it catse (a), stating lying cause last.	the under-	, <i>G</i>	CONTRIBUTING TO DEA		or RELATED TO I			Dese CONDITION GIV	ZEN IN PA	2	19. WAS PERFO YES	AUTOPSY DRMED2
(IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CCURRED. (	Enler nature of	injury in P	art i or Port	It of item 18.]				
20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Day, Ye	White of war	Nat while	20e. PLACE factory	OF INJURY (He y, street, office I	ome, form, bidg., etc.	20f. (City o	or town)	,	(County)		(Stote)
21. I certify the alive an	nat I attended the	19-	-6 //	death ac	19 <i>50</i> , ccurred at ,		M, from	the causes of th	and an	the da	ite state	ATE SIGNE
PHYSICIAN'S NAME (Type)	Dr. Shep							Easton,				
220 BURIAL, CREMATIC REMOVAL IS ADDITY	Jan 15,1		Spring Hi					on (City, town.			(Stol	e)
23. FUNERAL DIRECTOR	's signature Newmann &	Son	ADDRESS	м.			BY REGISTR	AR 24b. REGI	STRAR'S S			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRE After this certificate has been signed by the attending physician and completely filled in by the first director, page 3 should be a filled in the filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4	SM	TO FUNERAL DIRE At After this certificate has been signed by the attending physician and completely filled in by errol director.	\$5	)

MARYLAND	STATE DEPARTMENT	OF H	EALTH-BALTIMORE,	8
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- 1	J.,	IJ	U	+ 7
	-			

L		OEKTI TO		•	Reg. Dist.	No.	
	PLACE OF DEATH O. COUNTY  14/bit	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE  AND AND AND AND AND AND AND AND AND AN				
	b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	22 du.	EAStell	whide carparate lim	ils, write RURAL and give	e neorest town)	
	d NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION / REAL RAIL	HOSPITAL	a STREET ADDRESS	ed A	re	o. IS RESIDENCE ON A FARM? YES NO	
3	NAME OF DECEASED (Type or print)  Alterial First	LAYMAN	H 411	4. DATE OF DEATH	JAN ,	Doy Year 19 5 4	
5	SEX 6. COLOR OR RACE 7. MARRI WIDOWEI	ED THEVER MARRIED	8. DATE OF BIRTH	795 9. AGE last		EAR IF UNDER 24 HRS.	
"	Do. USUAL OCCUPATION (Give kind of work done 10b I during most of working life, even if retired)	RADIO	ATHY 11 BIRTHPLACE (STORE	ar foreign country) - RY AN	d 12. CHIZE	USA-	
	Charles E. Tall		14 MOTHER'S MAIDEN N	A C.	STERLIN	4	
	(If yes, give wor or dates of service)	18-05-1320 M	RS ETHELM	Toxe 2	Address 2164ENWERT EPSTON F	PALE.	
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	for (a) (b), and (c) ]	r-a		The state of the s	INTERVAL BETWEEN ONSET AND DEATH	
	Conditions, if any, which (b)	Emply	sema				
	gave rise to immediate cause (a), stating the under lying couse lost.						
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND	OTTION GIVEN IN PART 1	PERFORMED?	
(E000)	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Part 1 ar Part II af iti	em 18.}		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. p. m 19 at work	Not while for	ACE OF INJURY (Hame, form ctory, street, office bldg., etc.	, 20f. (City or town	n) (Cou	nly] (State)	
	21. I certify that I attended the decease	from that death	, 19 , to	Λ		t saw the deceased date stated above.	
	ACTUAL SIGNATURE COLLEGE		MD. 2195. W		y or lawn, state)	DATE SIGNED	
	PHYSICIAN'S ECHT	hmidt	Carl	~ 16	May	land	
2	Ro. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	20 LOCATION (C	ily, tawn, or county	(Stole)	
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS  LEASTO	240. REC'I	D BY REGISTRAR	246. REGISTRAR'S SIGN. Cirilwa S. Krau		



22¢ NAME OF CEMETERY OR CREMATORY

9

22d LOCATION

24o. REC'D BY REGISTRAR

6

town, or county)

24b. REGISTRAR'S SIGNATURE

arihur S. Frank

O

(State)

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220. BURIAL, CREMAT ON,

Glend

REMOVAL (Specify)

FENERAL DIRECTOR'S SIGNATURE

226. DATE THEREOF

deoth.

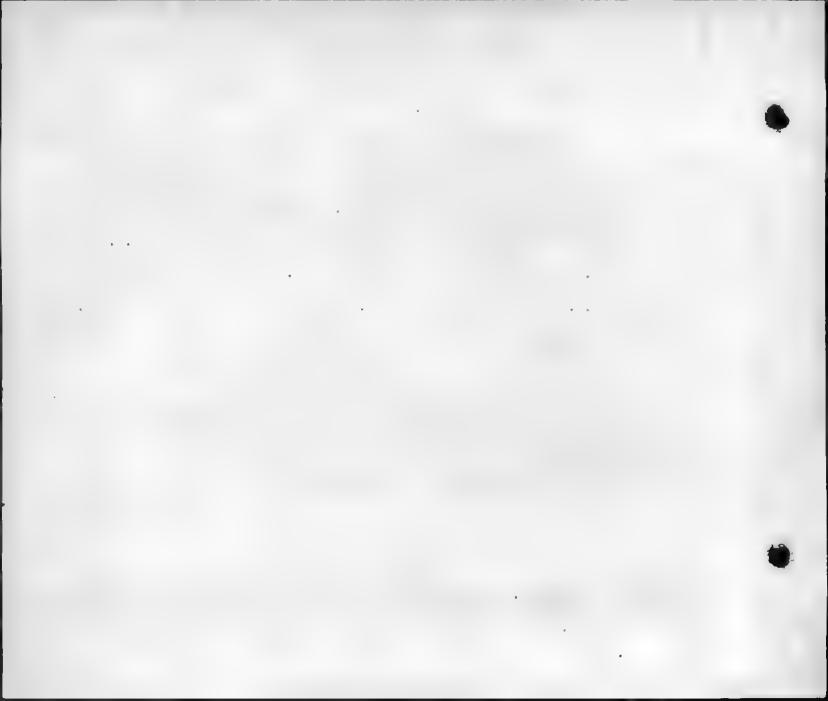
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01158

		7.1	60.	CERT	IFIC/	ATE OF D	EATH	i		Reg. Dis	ıt. No.	U	110
1. PLACE OF DEATH  o. COUNTY  Talbot  MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE Maryland b. COUNTY Talbot								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  rural Easton 5 yrs.			c. city or i		utside corpo Eastor	rote hmits, write f	URAL and g	lve near	est towr	1)			
	d. NAME OF HOSPIT	At (If not in hospitol, peach)	_	oddress)		/d. STREET A	DDRESS				•		IDENCE FARM? NO 西
	NAME OF DECEASED (Type or print)	Fii CARLT		Midd R.		ELEY		4. DATE OF DEATH	Manu:	ary 16	Day		Year 19 59
5.	sex (ale	6 COLOR OR RACE	7. MARR	ED ENEVER MARI		8. DATE OF BIRTH	. 189	7	9, AGE (In years last birthdoy) 61 yrs.	IF UNDER	-		
_	during most of work	ON (Give kind of working life, even it retired	0	wholesa		STRY 11. BIRTHPL	<del></del>	or foreign c	47 100	1	S.	WHAT	COUNTR
	FATHER'S NAME	e A. White				14 MOTHER'S	MAIDEN N		um				
	WAS DECEASED EVE	R IN U. S. ARMED FOR	RCES? 16	SOCIAL SECURITY N		mpormant frs. Carl			teley	Easto	n. N	id.	
	PART I. DEA	TH [Enter only one co TH WAS CAUSED BY IMMEDIATE CAUSE (c DUE TO	ac	e for (g), (b), and (a cute My Corol	HOCA LALY	ndial Occli	con	farci	tron		INTE	RVAL BE	TWEEN DEATH
	Conditions, if or gove rise to it couse (a), stating to lying couse lost.	mmediate ( Dus To		Corona	m	Insuf	fra	incy			(	jer	as
CERTIFICATION		ER SIGNIFICANT CON	D	inbetes	4-	melli	lus		E CONDITION GI	VEN IN PART		PERFO	AUTOPSY PRMED?
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY	OCCURRE	D. (Enter noture o	finjury in P	'ert I or Por	1 II of item 18.)				
MEDICAL	20c, TIME OF INJUR Hour o.m. p. m.	Y Month, Doy, Ye	While of worl	Not while of work		ACE OF INJURY (I clory, street, office			r or town)	{C	County)		(State
	21. I certify the olive on	Sinala	deceose		t death	occurred at		<b>4</b> .M, fran	the causes of treet, city or town,	and an th	last sat	w the state	deceas ed abov ATE SIGN
	PHYSICIAN'S NAME (Type)	Donald	F. B.	artley (		a de esta de destribuir de gli di		EAS	TON		1	カカ	
	BURIAL CREMATIO REMOVAL (Specify)	Ja n.19,		22c. NAME OF CE Spring		or crematory Cemeter	у		tion (Cily, lown,	-		{Stot	e)
	FUNERAL DIRECTOR	S SIGNATURE Newnam &	Son	Easton,	Mary	yland	240. REC'E	2 1 59		STRAR'S SIC		ć.	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01160

3.3.5	CERTIFIC	AIE OF DEAIR	Rog.	Dist. No.		
O. COUNTY CAL BOT	MARYLAND	2. USUAL RESIDENCE (Who o STATE	ere deceased lived. If institution, Beside 24 AN Jb. COUNTY	dence before admission) ARD INC		
b. CITY OR TOWN (If outside corporate limi RURAL and give nearest town)	to, write c. LENGTH OF SEAY IN 16	e choor town in o	uiside corporale limits, write RURAL an	d give nearest town)		
d. NAME OF HOSPITAL (If apt in hospital, go or INSTITUTION WE EM C	ive street address) RIA-1 HOSO, TA	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	st Middle	WYAH	4. DATE Month OF DEATH JAN	Doy Year / O 195		
5. SEX 6. COLOR OR RACE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH	9. AGE (In years left UND lost bethou) 75/16 yrs.	ER I YEAR IF UNDER 24 HRS		
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)	lone 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole	or foreign country) 12.	CITIZEN OF WHAT COUNTR		
13. FATHER'S NAME	14At	14. MOTHER'S MAIDEN N	AME			
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or definition) (19 yes, give war or dates of si	CEST 16. SOCIAL SECURITY NO. 17.	Burnley Le	Lyoth Iche	elling. La		
1B. CAUSE OF DEATH [Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c.	Show of the	a Derrie	I, In pind, 1	INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which ) (b)			\	0		
gave rise to immediate cause (a), stating the <u>under</u> lying cause lost.	)					
PART II. OTHER SIGNIFICANT CON  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH UT STHERE, NOTIFY MEDICAL EXAMINER	DITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN P.	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
	206. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in F	art I or Port II of item 18.)			
20c. TIME OF INJURY Month, Day, Yee Hour a. m.	or 20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, farm, actory, street, office bldg., etc.	20f. (City or town)	(County) (Stole		
21. I certify that I attended the deceased from 1-2, 1959, ta 1-10, 1959, that I last saw the deceased alive an 1-10, 1959, and that death occurred at 9744. M, from the causes and on the date stated above						
ACTUAL O HA	OR CONTROL DE CONTROL	n occurred at 1	ADDRESS (Street, city or town, stote)	the date stated above		
PHYSICIAN'S Arthur B. Ce	cil MI	Easton.	Maryland			
TO PEURIAL CREMATION, 225 DATE THEREO	59 22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, or county	(State)		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR'S 24b. REGISTRAR'S Chilling &			

be filed with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained. The hospital or ottending physician.

O FUNERAL DIRE

R: After this certificate has been signed by the attending physician and campletely filled in by th page 3 shauld be cracked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 state registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. TO FUNERAL DIRE page 3 shauld be TO HOSPITAL OF VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH TOTAL 2015 THE RESIDENCE OF THE PARTY OF T